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10/18/2007

Stephen M Haracz
 Bryan Cave
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Charles M. Avigliano

(Depositor's name)

Charles M. Avigliano

(Signature)

January 11, 2008

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/528,893

03/23/2005

Tatsuo Hoshino

K21418USWO

8833

TITLE OF INVENTION: MICROBIAL PRODUCTION OF VITAMIN C

C038435/018566

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1440

\$300

\$0

\$1740

01/18/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
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LILLING, HERBERT J

1657

435-126000

01/15/2008 AIRINH1 00000023 10528893

01 FC:1501

02 FC:1504

03 FC:1501

1440.00 DP

300.00 DP

91.00 DP

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page:

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 BRYAN CAVE 91.00 DP

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

DSM IP Assets B.V.

6411 TE Heerlen, The Netherlands

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 3

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☒ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4467 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Charles M. Avigliano

Date January 11, 2008

Typed or printed name

Charles M. Avigliano

Registration No. 52,578

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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January 11, 2008

Mail Stop Issue Fee
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450


Re: U.S. Patent Application Serial No. 10/528,893
Filed: March 23, 2005
For: **MICROBIAL PRODUCTION OF VITAMIN C**
Ref: C038435/0185666

Sir:

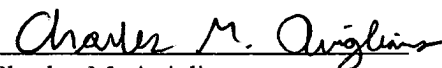
Enclosed are a completed Issue Fee Transmittal Form PTOL-85 (in duplicate), a check in the amount of \$1,740.00 for the issue and publication fees, and a check in the amount of \$9.00 for three (3) soft copies of the patent.

If either check or both checks are missing or otherwise insufficient, or if any additional fees are required, please charge the fee (or credit any overpayment) to Deposit Account No. 02-4467. A copy of this letter is enclosed.

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Charles M. Avigliano, Reg. No. 52,578

Respectfully submitted,

By: 
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